

**August 30, 2007**

# **Montana Medicaid Notice**

## **Physicians, Mid-Level Providers, Dentists, Pharmacies, and Inpatient and Outpatient Hospitals**

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### **Tamper-Resistant Prescriptions**

The Centers for Medicare and Medicaid Services (CMS) released guidance to state Medicaid programs regarding a new law requiring the use of Tamper-Resistant Prescriptions. Beginning October 1, 2007, all Medicaid prescriptions for outpatient drugs, including over-the-counter medications, regardless of whether Medicaid is the primary or secondary payor, will be required to include at least one feature designed to prevent tampering. Prescriptions which are telephoned, faxed, or transmitted electronically (e-prescribed) to pharmacies, as allowed by current federal and state regulations, are not affected by this new law.

This requirement does not apply to drugs which are “bundled” or not separately reimbursed in conjunction with services provided in nursing facilities, intermediate care facilities, and other specified institutional and clinical settings as described by 42 USC 1927 (k)(3) [http://www.ssa.gov/OP\\_Home/ssact/title19/1927.htm](http://www.ssa.gov/OP_Home/ssact/title19/1927.htm)

This requirement will not apply to refills of prescriptions written before October 1, 2007.

### **Tamper-Resistant Prescription Requirements**

In accordance with CMS guidance, States must implement one of the three industry recognized characteristics described below beginning October 1, 2007. The Department has elected to implement requirement # 2 which is intended to prevent modification of the information written on the prescription by the prescriber. The Department will require written prescriptions to be executed in **indelible ink** with quantities and refill information entered in both **alpha and numerical format**. For example, a prescription written for 40 tablets with two refills should be written as quantity: #40 (forty), refills: 2 (two) in order to ensure coverage by Montana Medicaid. PRN refills will not require a numerical equivalent. This is considered best practice for all written prescriptions as a safeguard against tampering.

Beginning October 1, 2008, CMS will require that a Medicaid prescription pad contain all of the following three characteristics:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form
2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, and

3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

The Department is developing further guidance for 2008 compliance with this rule at which time it will be the responsibility of the prescriber to obtain the tamper resistant pads. The Department is compiling a list of authorized vendors which can produce compliant pads by October 2008.

### **Additional Guidance for Pharmacies**

Pharmacies presented non-compliant prescriptions during normal business hours have the option to fill the complete prescription upon verbal confirmation from the prescriber which must be documented on the face of the non-compliant prescription.

Pharmacies may fill a three-day emergency supply of covered outpatient drugs written on non-compliant prescriptions. To fill the balance, pharmacies must verbally confirm the non-compliant prescription and document the call on the face of the prescription within 72 hours after the date on which the prescription was filled.

### **Enforcement**

Currently, the Federal law and CMS guidelines apply only to Medicaid clients' prescriptions. It will be essential to identify any Medicaid eligibility at the time the prescriptions are written and/or filled to ensure that those prescriptions comply with the applicable rules. CMS requires the States to enforce the tamper resistant pad requirement. The Department is developing audit procedures to ensure compliance.

### **Verifying Client Eligibility**

There are several eligibility verification methods available using the client member number/card control number printed on the *Montana Access to Health* Card.

- Web Portal: <https://mtaccesstohealth.acs-shc.com/mt/general/home.do> will provide online eligibility information. Registration as a provider is necessary.
- FAXBACK 800-714-0075: Returns a copy of the client's eligibility when given the client's identification number, via fax to the provider within a couple of minutes after ending the call. Please make sure your fax number is on record with ACS to use this free service.
- AVRS (Automated Voice Response System) 800-714-0060: Provides the client's eligibility and billable identification number through an automated voice system.
- Provider Relations Department 800-624-3958 (in-state), 406-442-1837 (Helena and out-of-state): Verify eligibility with Provider Relations Monday-Friday from 8 am to 5 pm.

Please direct any questions regarding this notice to the following personnel: Physician and Mid-Level providers: Denise Brunett at (406) 444-5778; Dentists: Jan Paulsen at (406) 444-3182; Pharmacy providers: Wendy Blackwood at (406) 444-2738; Hospitals: Debra Stipcich at (406) 444-4834.

## **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**